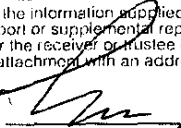


FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90484 034 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000050846			
1. Entity Name LANGSON-MCKEAN, INC.			
Principal Place of Business 537 15TH STREET WEST PALM BEACH, FL 33401 US		Mailing Address 4166 MANCHESTER LAKES DRIVE LAKE WORTH, FL 33467 US	
2. Principal Place of Business		3. Mailing Address 537 15th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State West Palm Beach, FL	
Zip	Country	Zip	Country
33401	US	33401	US
6. Name and Address of Current Registered Agent LANGSON, MARC 4166 MANCHESTER LAKES DRIVE LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGSON, NANCY 4166 MANCHESTER LAKES DRIVE LAKE WORTH, FL 33467 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. S. T. Langson, Marc 4166 Manchester Lakes Drive Lake Worth, FL 33467 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKEAN, SARA 4086 BAHIA ISLE CIRCLE WELLINGTON, FL 33467 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKEAN, SARA 4086 BAHIA ISLE CIRCLE WELLINGTON, FL 33467 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANGSON, NANCY 4166 MANCHESTER LAKES DRIVE LAKE WORTH, FL 33467 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Marc Langson		4/22/04 561-833-6661	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	